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## **Project HOPE**

**PRENATAL FOLLOW-UP QUESTIONNAIRE**

DATE OF LAST INTERVIEW: |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
MO DAY YEAR

TME INTERVIEW BEGAN: |\_\_|\_\_| : |\_\_|\_\_| am / pm

In order for the survey results to be useful, it is crucial that everyone give us accurate answers. Your answers are strictly confidential, as required by federal law. Also, you may refuse to answer any question. Please use the answer cards that are in the folder you were given to help you answer some of the questions. I will be referring to them as we go. If you have any questions, please let me know. If not, we can start.

S1. First, are you still pregnant?

YES .....1 → **SKIP TO SECTION A**

NO .....2

S2. On what date did the pregnancy end? |\_\_|\_\_| - |\_\_|\_\_| - |\_\_|\_\_|\_\_|\_\_|  
Mo Day Year

**ADMINISTER POSTPARTUM INTERVIEW 6-10 WEEKS AFTER PREGNANCY END DATE**

### Section A. Demographic Information

1. Have you received any of the following services since our last interview on (DATE OF LAST INTERVIEW)?

	<u>YES</u>	<u>NO</u>
a. Home visiting services?	1	2
b. Smoking cessation program <u>outside</u> this clinic?	1	2
c. Alcohol treatment?	1	2
d. Drug treatment? (e.g., for substance abuse, addiction, methadone treatment)	1	2
e. Social worker support?	1	2
f. Counseling services?	1	2
g. Depression treatment?	1	2
h. Family violence services?	1	2
i. Family planning services?	1	2

2. Now I would like to ask you some questions about sources of income that you and others in your household currently receive. First, does anyone in your household receive income from a job?

YES..... 1

NO..... 2

3. Do you or anyone in your household currently receive: YES NO

a. Food Stamps? .....1 2

b. Medicaid?.....1 2

c. WIC (Women, Infants, and Children)? .....1 2

d. Commodity Supplemental Food Program?.....1 2

e. Public assistance/TANF .....1 2

4. Have you taken any prescribed medicine for a psychological or emotional problem, for depression, or for your "nerves" since our last interview on (DATE OF LAST INTERVIEW)?

YES ..... 1

NO ..... 2 → **SKIP TO SECTION B**

- 4a. What was the name of the medicine or what was it for? (CIRCLE ALL THAT APPLY)

ASCENDIN..... 01

AVENTYL ..... 02

CLOZARIL ..... 03

DESYREL ..... 04

ELAVIL..... 05

HALDOL..... 06

LITHIUM ..... 07

LOXITANE..... 08

LUDIOMIL ..... 09

MELLARIL ..... 10

MOBAN ..... 11

NARDIL ..... 12

NAVANE ..... 13

NORPRAMIN ..... 14

PAMELOR.....15

PARNATE.....16

PROLIXIN .....17

PROZAC .....18

SERENTIL .....19

SINEQUAN.....20

STELAZINE .....21

TEGRETOL .....22

THORAZINE .....23

TOFRANIL .....24

TRIAVIL .....25

TRILAFON .....26

VALPRIC ACID .....27

OTHER DRUG .....28

(SPECIFY) \_\_\_\_\_

REASON .....29

(SPECIFY) \_\_\_\_\_

## Section B. Smoking

These next questions are about cigarette smoking. For all of these questions, please count a cigar the same as a cigarette. Please also count a pipe bowl of tobacco the same as a cigarette.

1. Have you smoked more than 100 cigarettes in your life?

YES .....1

NO .....2 → **SKIP TO Q. 21, PG. 9**

2. Do you currently smoke cigarettes?

YES .....1 → **SKIP TO Q. 5**

NO .....2

- 2a. Have you smoked at all, even 1 puff of a cigarette, within the six months before you knew you were pregnant and now?

YES .....1

NO .....2 → **SKIP TO Q. 20, PG. 9**

3. How long (days, weeks, months or years) has it been since you smoked at all, even a puff of a cigarette?

|\_|\_|\_| Days

|\_|\_|\_| Weeks

|\_|\_|\_| Months

|\_|\_|\_| Years

4. How confident are you that you can remain a non-smoker for the next six months?  
Would you say . . .

Not at all, .....1

Not very, .....2

Rather, or .....3

Very? .....4

**SKIP TO Q. 15, PG. 5**

5. On how many of the past 7 days did you smoke cigarettes?

|\_|\_| DAYS

NONE ..... 00 → **SKIP TO Q.7**

For the next question, I need you to think about your smoking habits on the days that you did smoke during the past 7 days. We are interested in your smoking habits on a typical or usual day that you smoked. Please think about the past 7 days, and select one of the days when you smoked that was typical or usual for you.

Which typical day have you selected? \_\_\_\_\_

6. On (TYPICAL DAY SELECTED BY RESPONDENT), how many cigarettes did you smoke? Please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

|\_|\_| CIGARETTES

7. Since our last interview on (DATE OF LAST INTERVIEW), have you thought about quitting smoking?

YES .....1

NO .....2

8. Since our last interview on (DATE OF LAST INTERVIEW), have you tried to cut down on your smoking?

YES .....1

NO .....2

9. Since our last interview on (DATE OF LAST INTERVIEW), how many times did you quit smoking and stay quit for at least 24 hours?

|\_|\_| TIMES

10. Are you seriously thinking about quitting smoking? (READ)

Yes, within the next 30 days .....1

Yes, within the next 6 months.....2

No, not thinking of quitting .....3

- |  | <u>None</u> | <u>Not Much</u> | <u>Some</u> | <u>A lot</u> |
|--|-------------|-----------------|-------------|--------------|
| 11. How much would you say you want to <u>stop</u> smoking? Would you say . . .  | 1           | 2               | 3           | 4            |
| 12. How much would you say you want to <u>keep</u> smoking? Would you say . . .  | 1           | 2               | 3           | 4            |
| 13. If you tried to quit smoking, how much support or understanding do you think you would get from family, friends, and coworkers?  | 1           | 2               | 3           | 4            |
| 14. If you decided to quit smoking during the next month, how confident are you that you could do it? Would you say . . .  |             |                 |             |              |
| Not at all,.....   | 1           |                 |             |              |
| Not very, .....  | 2           |                 |             |              |
| Rather, or.....  | 3           |                 |             |              |
| Very?.....   | 4           |                 |             |              |
| 15. Since our last interview on (DATE OF LAST INTERVIEW), how much support have you received from family, friends or co-workers to help you cut down, quit smoking, or remain a non-smoker? Would you say . . .                    |             |                 |             |              |
| None at all, .....   | 1           |                 |             |              |
| A little, .....  | 2           |                 |             |              |
| Some, or .....   | 3           |                 |             |              |
| A lot?.....  | 4           |                 |             |              |
| 16. Since our last interview on (DATE OF LAST INTERVIEW), has any member of the prenatal care clinic staff (either a nurse or doctor) <u>talked</u> with you about your cutting down, quitting smoking, or remaining a non-smoker? |             |                 |             |              |
| YES.....   | 1           |                 |             |              |
| NO.....  | 2           |                 |             |              |

17. The following statements represent different opinions about smoking. Please rate how important each statement is to your decision to smoke or not smoke. (Please use Card A to answer this question.)

	<u>Not Important</u>	<u>Slightly Important</u>	<u>Moderately Important</u>	<u>Very Important</u>	<u>Extremely Important</u>
a. Smoking cigarettes relieves tension. Is that . . .	1	2	3	4	5
b. I'm embarrassed to have to smoke. Is that . . .	1	2	3	4	5
c. Smoking helps concentration and to do better work.	1	2	3	4	5
d. Cigarette smoking bothers other people.	1	2	3	4	5
e. If I smoke, I am relaxed and therefore more pleasant.	1	2	3	4	5
f. People think it is foolish to ignore the warnings about cigarette smoking.	1	2	3	4	5

18. The following experiences can affect the smoking habits of some people. Think of any similar experiences you may be currently having or have had in the last month. Then tell me whether this happened to you never, seldom, occasionally, often, or repeatedly in the last month. (Please use Card B to answer this question.)

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Repeatedly</u>
a. When I am tempted to smoke I think about something else. In the last month, did this happen. . .	1	2	3	4	5
b. I tell myself I can quit if I want to. In the last month, did this happen . . .	1	2	3	4	5
c. I recall information people have given me on the benefits of quitting smoking.	1	2	3	4	5
d. I can expect to be rewarded by others if I don't smoke.	1	2	3	4	5
e. I stop to think that my smoking is harmful to my baby.	1	2	3	4	5

	<u>Never</u>	<u>Seldom</u>	<u>Occasionally</u>	<u>Often</u>	<u>Repeatedly</u>
f. I get upset when I think about my smoking.	1	2	3	4	5
g. I remove things from my home or place of work that remind me of smoking.	1	2	3	4	5
h. I have someone who listens when I need to talk about my smoking. In the last month, did this happen . . .	1	2	3	4	5
i. I think about information from articles and ads about how to stop smoking.	1	2	3	4	5
j. I consider that being around others who smoke can be harmful to the baby.	1	2	3	4	5
k. I tell myself that if I try hard enough I can keep from smoking.	1	2	3	4	5
l. My need for cigarettes makes me feel disappointed in myself.	1	2	3	4	5
m. I have someone I can count on when I'm having problems with smoking. In the last month, did this happen . . .	1	2	3	4	5
n. I do something else instead of smoking when I need to relax.	1	2	3	4	5
o. I keep things around my home or place of work that remind me not to smoke.	1	2	3	4	5
p. I am rewarded by others if I don't smoke.	1	2	3	4	5



19. Since our last interview on (DATE OF LAST INTERVIEW), have you done any of the following to try to quit or cut down on your smoking?

	<u>YES</u>	<u>NO</u>
a. Sought advice from someone about how to quit smoking?	1	2
b. Counted how many cigarettes you smoke each day?	1	2
c. Kept track of when and where you smoke?	1	2
d. Set a quit date?	1	2
e. Limited the number of cigarettes you could smoke per day (e.g., 5 cigarettes)?	1	2
f. Switched to a lower tar and nicotine brand of cigarettes?	1	2
g. Put all of the cigarettes you smoked in a jar of water (“YUK” jar)?	1	2
h. Limited your smoking only to certain areas (e.g., outside, in the living room)?	1	2
i. Limited your smoking to certain times of day (e.g., only at night, after a meal)?	1	2
j. Done something else, other than smoking (e.g., cleaned the house, read a magazine)?	1	2
k. Called a friend or family member who supports your quitting smoking?	1	2
l. Done some deep breathing exercises to relax?	1	2
m. Stayed away from other people who were smoking?	1	2
n. Delayed smoking a cigarette when you wanted one, even a few minutes?	1	2
o. Started drinking more water and juices to flush the nicotine out of your system?	1	2
p. Saved the money you used to spend on cigarettes to buy something nice for yourself?	1	2
q. Done something nice to reward yourself for not smoking (e.g., buy a dress)?	1	2
r. Thrown away a pack of cigarettes?	1	2
s. Started exercising or going on walks more often?	1	2
t. Asked your partner, friends or family members to help you quit smoking cigarettes?	1	2

	<u>YES</u>	<u>NO</u>
u. Chewed on something like carrots, celery sticks or <u>regular</u> chewing gum?	1	2
v. Chewed nicotine gum?	1	2
w. Worn a quit smoking patch?	1	2
x. Used nicotine inhaler?	1	2
y. Used nicotine spray?	1	2
z. Used Zyban?	1	2
20. When answering the following questions, please continue to also think about cigars and pipe tobacco when I ask you about cigarettes. How much do you think that cigarette smoking can harm your unborn child's health? Would you say . . .		
None,.....	1	
Not much,.....	2	
Some, or .....	3	
A lot?.....	4	
DON'T KNOW.....	-8	
21. How much do you think that being around other people who are smoking cigarettes can harm your baby's health? Would you say . . .		
None.....	1	
Not much.....	2	
Some .....	3	
A lot .....	4	
DON'T KNOW.....	-8	

22. How many of your family members and friends whom you see regularly are cigarette smokers? Would you say . . .

None.....1

Few.....2

Some .....3

Most .....4

23. Does your current husband or boyfriend smoke cigarettes?

YES..... 1

NO..... 2 → **SKIP TO Q.24**

NOT APPLICABLE .....-7 → **SKIP TO Q.24**

- 23a. About how many cigarettes does he smoke a day? Please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

|\_|\_| CIGARETTES

DON'T' KNOW .....-8

24. How many cigarette smokers, not including yourself, live in your home?

|\_|\_| SMOKERS

Next, I would like to ask you about other people who might have smoked inside your home during the past 7 days. These could be people you live with, people who were staying with you, or visitors. When I ask about cigarettes, please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

25. On how many of the past 7 days did anyone else, other than yourself, smoke cigarettes inside your home?

|\_|\_| DAYS

NONE ..... 00 → **SKIP TO Q.28**

26. On the days when other people smoked inside your home during the past 7 days, what was the average number of cigarettes smoked in a day?

|\_|\_| CIGARETTES

For the next question, I need you to think about a typical or usual day when other people, besides yourself, smoked inside your home. Please think about the past 7 days, and select a day that was typical or usual.

Which typical day have you selected? \_\_\_\_\_

27. Please estimate the total number of these other people's cigarettes you were exposed to inside your home on (TYPICAL DAY SELECTED BY RESPONDENT). When I say, "exposed," I mean you were in the same room when any part of the cigarette was smoked.

|\_|\_|\_| CIGARETTES

28. How is cigarette smoking handled in your home? (READ)

No one is allowed to smoke in your home. .... 1

Only special guests are allowed to smoke in your home. .... 2

People are allowed to smoke only in certain areas of your home.... 3

People are allowed to smoke anywhere in your home..... 4

29. Which one of the following statements best describes the extent to which other people, other than you, smoke cigarettes in your home? (READ)

No one living in my home smokes cigarettes,  
and visitors never smoke in my home..... 1

No one living in my home smokes cigarettes,  
but visitors smoke in my home..... 2

Others living in my home smoke cigarettes,  
but visitors do not smoke in my home..... 3

Others living in my home smoke cigarettes,  
and visitors smoke in my home..... 4

Next, I am going to ask you about any other places away from your home that you were exposed to cigarette smoke during the past 7 days such as in the car, at a relative's house, at a social event, or at your workplace. As before, please remember to count a cigar and a pipe bowl of tobacco the same as a cigarette.

30. Please estimate the total number of cigarettes you were exposed to in any other places away from your home on a typical day in the past 7 days. When I say, "exposed," I mean you were in the same room or area when any part of the cigarette was smoked.

\_\_\_\_|\_\_\_\_|\_\_\_\_| CIGARETTES

31. Since our last interview on (DATE OF LAST INTERVIEW), have you done any of the following?

	<u>YES</u>	<u>NO</u>	<u>NA</u>
a. Posted a no smoking sign or magnet in your household?	1	2	-7
b. Talked to other people about the harmful effects that smoking can have on your baby?	1	2	-7
c. Talked to your partner about not smoking cigarettes around you?	1	2	-7
d. Talked to your friends or family members about not smoking around you?	1	2	-7
e. Asked people to go outside if they are going to smoke cigarettes?	1	2	-7
f. Asked your friends or family members to quit smoking cigarettes?	1	2	-7
g. Asked your partner to quit smoking cigarettes?	1	2	-7
h. Stayed away from other people who were smoking?	1	2	-7
i. Did something nice for the people who stopped smoking around you?	1	2	-7

32. Since our last interview on (DATE OF LAST INTERVIEW), did your current husband or boyfriend quit smoking cigarettes as a result of your efforts to quit smoking or because of your advice, or any materials provided during your prenatal care by your clinic/doctor's office/health plan?

YES.....1  
 NO.....2  
 NOT APPLICABLE .....-7

33. Since our last interview on (DATE OF LAST INTERVIEW), did anyone else who smoked inside your home quit smoking cigarettes as a result of your efforts to quit smoking or because of your advice, or any materials provided during your prenatal care by your clinic/doctor's office/health plan? This could be someone you live with, someone who was staying with you, or a visitor, other than your current husband or boyfriend.

YES .....1  
NO .....2  
NOT APPLICABLE .....-7

34. If you decided you did not want other people to smoke around you during the next month, how confident are you that you could stop them? Would you say . . .

Not at all, .....1  
Not very, .....2  
Rather, or .....3  
Very? .....4  
DON'T' KNOW .....-8

35. If you asked your family, friends, and coworkers not to smoke around you, how much support or understanding do you think you would get? Would you say. . .

None, .....1  
Not much, .....2  
Some, or .....3  
A lot? .....4  
DON'T' KNOW .....-8

## Section D. Hopkins Symptom Check List

Now I would like to ask how you have been feeling recently. The following questions ask how much you were distressed by various symptoms in the past month. The categories are: Not at all, A little bit, Moderately, Quite a bit, and Extremely. (Please use Card C.)

Overall, in the past month, how much were you distressed by . . .

		<u>Not at all</u>	<u>A little bit</u>	<u>Moderately</u>	<u>Quite a bit</u>	<u>Extremely</u>
1.	Feeling lonely or blue. Would you say. . .	0	1	2	3	4
2.	Feeling hopeless about the future. Would you say. . .	0	1	2	3	4
3.	Feeling no interest in things.	0	1	2	3	4
4.	Inability to take pleasure in things.	0	1	2	3	4
5.	Poor appetite.	0	1	2	3	4
6.	Overeating.	0	1	2	3	4

In the past month, how much were you distressed by . . .

7.	Trouble falling asleep. Would you say. . .	0	1	2	3	4
8.	Awakening in the early morning.	0	1	2	3	4
9.	Sleep that is restless and disturbed.	0	1	2	3	4
10.	Thinking, speaking, and moving at a slower pace.	0	1	2	3	4
11.	Feeling so restless you couldn't sit still.	0	1	2	3	4
12.	Thoughts of death or dying.	0	1	2	3	4
13.	Thoughts of ending your life.	0	1	2	3	4

In the past month, how much were you distressed by. . .

14.	Feeling low in energy or slowed down. Would you say . . .	0	1	2	3	4
15.	Feeling everything is an effort.	0	1	2	3	4
16.	Blaming yourself for things.	0	1	2	3	4
17.	Feelings of worthlessness.	0	1	2	3	4
18.	Feelings of guilt.	0	1	2	3	4
19.	Trouble concentrating.	0	1	2	3	4
20.	Difficulty making decisions.	0	1	2	3	4

## Section E. Revised Conflict Tactics Scale

For the next questions, I would like for you to think about all of the different partner relationships you have had since our last interview on (DATE OF LAST INTERVIEW), whether you are currently with this or these partners or not, as you answer these next questions.

1. How many different partners have you had since our last interview?
2. No matter how well any couple gets along, there are times when they disagree, get annoyed with the other person, want different things from each other, or just have spats or fights because they are in a bad mood, are tired, or for some other reason. Couples also have many different ways of trying to settle their differences. Please tell me how many times you did each of the following things to any of your partners, since our last interview on (DATE OF LAST INTERVIEW), and how many times any of your partners did these things to you, since our last interview on (DATE OF LAST INTERVIEW). If you or (any of) your partner(s) did not do one of these things since our last interview but it happened before, just tell me that.

1=Once	5=	11-20 times
2=Twice	6=	More than 20 times
3=3-5 times	7=	Not since last interview, but happened before
4=6-10 times	0=	This never happened

- |    |  |   |   |   |   |   |   |   |   |
|----|--|---|---|---|---|---|---|---|---|
| a. | I threw something at my partner that could hurt. How many times since our last interview did this happen?    | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| b. | My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| c. | I <u>made</u> my partner have sex without a condom. How many times since our last interview did this happen? | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| d. | My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| e. | I pushed or shoved my partner.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| f. | My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| g. | I used force, like hitting, holding down, or using a weapon to make my partner have oral or anal sex.        | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| h. | My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| i. | I used a knife or gun on my partner.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| j. | My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| k. | I punched or hit my partner with something that could hurt.  | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| l. | My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| m. | I choked my partner. How many times since our last interview did this happen?                                | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |
| n. | My partner did this to me.   | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 0 |



1=Once	5=	11-20 times
2=Twice	6=	More than 20 times
3=3-5 times	7=	Not since last interview, but happened before
4=6-10 times	0=	This never happened

- |     |   |                               |
|-----|---|-------------------------------|
| o.  | I slammed my partner against a wall.  | 1   2   3   4   5   6   7   0 |
| p.  | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| q.  | I grabbed my partner.   | 1   2   3   4   5   6   7   0 |
| r.  | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| s.  | I used force, like hitting, holding down, or using a weapon, to make my partner have sex. | 1   2   3   4   5   6   7   0 |
| t.  | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| u.  | I <u>insisted</u> on sex when my partner did not want to, but did not use physical force. | 1   2   3   4   5   6   7   0 |
| v.  | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| w.  | I slapped my partner. How many times since our last interview did this happen?            | 1   2   3   4   5   6   7   0 |
| x.  | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| y.  | I used threats to make my partner have oral or anal sex.                                  | 1   2   3   4   5   6   7   0 |
| z.  | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| aa. | I burned or scalded my partner on purpose.  | 1   2   3   4   5   6   7   0 |
| bb. | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| cc. | I <u>insisted</u> my partner have oral or anal sex, but did not use physical force.       | 1   2   3   4   5   6   7   0 |
| dd. | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| ee. | I kicked my partner.  | 1   2   3   4   5   6   7   0 |
| ff. | My partner did this to me.  | 1   2   3   4   5   6   7   0 |
| gg. | I used threats to make my partner have sex.   | 1   2   3   4   5   6   7   0 |
| hh. | My partner did this to me.  | 1   2   3   4   5   6   7   0 |

**IF ALL ITEMS ARE “0”, SKIP TO SECTION F**

3. Did (this/these) occur with your. . . . (CIRCLE ALL THAT APPLY)

Husband ..... 1

Ex-husband ..... 2

Boyfriend ..... 3

Ex-boyfriend ..... 4

Someone else?..... 5

4. Since our last interview on (DATE OF LAST INTERVIEW), did you ever think about or do any of the following things because of the situations or events I just asked you about.

	a. Did you think about . . .		<b><u>IF YES:</u></b> b. Did you do this?	
	<u>YES</u>	<u>NO</u>	<u>YES</u>	<u>NO</u>
(1) Leaving the house temporarily?	1	2	1	2
(2) Separating from your partner temporarily?	1	2	1	2
(3) Going to live with a friend or family member?	1	2	1	2
(4) Breaking up with your partner?	1	2	1	2
(5) Not seeing your partner at all any more?	1	2	1	2
(6) Calling a family member or friend to help?	1	2	1	2
(7) Calling the police to help?	1	2	1	2
(8) Filing a temporary restraining order against your partner?	1	2	1	2
(9) Filing a civil protection order against your partner?	1	2	1	2

## Section F. Safety Assessment

1. Since our last interview on (DATE OF LAST INTERVIEW), did you ever think about developing a safety plan in case the situations or events I just talked about happened to you?

YES .....1

NO .....2 → **SKIP TO Q.2**

- 1a. Did you actually develop a safety plan since our last interview?

YES .....1

NO .....2

2. The following actions can increase the safety of women in relationships where these types of situations or events we just talked about happen. Since our last interview on (DATE OF LAST INTERVIEW), have you ever . . .

	<u>YES</u>	<u>NO</u>
a. Hid money?	1	2
b. Hid an extra set of house and car keys?	1	2
c. Established a code with your family and friends that you are in trouble?	1	2
d. Asked a neighbor to call police if violence begins?	1	2
e. Removed weapons?	1	2

Having the following items available can increase the safety of women in relationships where these types of situations or events we just talked about happen. Since our last interview on (DATE OF LAST INTERVIEW), have you ever had available . . .

f. Social security numbers (his, yours, the children's)?	1	2
g. Rent and utility receipts?	1	2
h. Birth certificates?	1	2
i. Drivers license (yours and the children's)?	1	2
j. Bank account numbers?	1	2
k. Insurance policies and numbers?	1	2
l. Marriage license?	1	2
m. Valuable jewelry?	1	2
n. Important phone numbers?	1	2
o. Have you ever hid a bag with extra clothing?	1	2

## Section I. Support Behavior Inventory

This next set of questions asks how satisfied you are with the amount of support you receive from your partner and/or other people.

1. First, do you currently have a partner?

YES .....1

NO .....2 → **SKIP TO Q.4**

2. Is your current partner the father of this baby?

YES .....1 → **SKIP TO Q.4**

NO .....2

NOT SURE .....-8 → **SKIP TO Q.4**

3. How supportive of you has he been? Would you say . . .

Not at all supportive, .....1

Not very supportive, .....2

Somewhat supportive, .....3

Very supportive, or .....4

Extremely supportive? .....5

4. IF R HAS A CURRENT PARTNER, ASK ABOUT (a) PARTNER AND (b) OTHER PEOPLE.  
IF R DOES NOT HAVE A CURRENT PARTNER, ASK ONLY ABOUT (b) OTHER PEOPLE.

Now, I will read you a list of statements describing types of support. If “1” is “very dissatisfied” and “6” is “very satisfied”, how satisfied are you with the support you currently receive from (your partner/other people). (Please use Card D, Scale #3).

		a. <u>PARTNER</u>						b. <u>OTHER PEOPLE</u>					
		Very Dissatisfied			Very Satisfied			Very Dissatisfied			Very Satisfied		
(1)	Shares similar experiences with me. “1” is “very dissatisfied” and “6” is “very satisfied”	1	2	3	4	5	6	1	2	3	4	5	6
(2)	Helps keep up my morale. “1” is “very dissatisfied” and “6” is “very satisfied”.	1	2	3	4	5	6	1	2	3	4	5	6
(3)	Helps me out when I'm in a pinch.	1	2	3	4	5	6	1	2	3	4	5	6
(4)	Shows interest in my daily activities and problems.	1	2	3	4	5	6	1	2	3	4	5	6
(5)	Goes out of his/her way to do special or thoughtful things for me.	1	2	3	4	5	6	1	2	3	4	5	6
(6)	Allows me to talk about things that are very personal and private. “1” is “very dissatisfied” and “6” is “very satisfied”.	1	2	3	4	5	6	1	2	3	4	5	6
(7)	Lets me know I am appreciated for the things I do for him/her.	1	2	3	4	5	6	1	2	3	4	5	6
(8)	Tolerates my ups and downs and unusual behaviors.	1	2	3	4	5	6	1	2	3	4	5	6
(9)	Takes me seriously when I have concerns.	1	2	3	4	5	6	1	2	3	4	5	6
(10)	Says things that make my situation clearer and easier to understand.	1	2	3	4	5	6	1	2	3	4	5	6
(11)	Lets me know that he/she will be around if I need assistance.	1	2	3	4	5	6	1	2	3	4	5	6

IF RESPONDENT HAS PARTNER: Now I will read these statements again, and I want you to tell me how satisfied you are with the support you receive from people other than your partner.

## Section J. Negative Mood Regulation Scale

These next questions find out what people believe they can do about upsetting emotions or feelings. Please answer each statement by giving as true a picture of your own beliefs right now as possible. Remember, these questions are about what you believe you can do, not about what you actually or usually do. (Please use Card E.)

	<u>Strongly disagree</u>	<u>Mildly disagree</u>	<u>Agree and disagree equally</u>	<u>Mildly agree</u>	<u>Strongly agree</u>
1. I can usually find a way to cheer myself up. Do you . . .	1	2	3	4	5
2. I can do something to feel better. Do you . . .	1	2	3	4	5

Again these questions are about what you believe you can do, not about what you actually or usually do.

3. I can feel better by treating myself to something I like.	1	2	3	4	5
4. I won't feel better by trying to find some good in a situation.	1	2	3	4	5
5. Telling myself it will pass will help me calm down.	1	2	3	4	5
6. Doing something nice for someone else will cheer me up.	1	2	3	4	5
7. I'll end up feeling really depressed. Do you . . .	1	2	3	4	5

These questions are about what you believe you can do, not about what you actually or usually do.

8. I can find a way to relax.	1	2	3	4	5
9. Seeing a movie won't help me feel better.	1	2	3	4	5
10. Going out to dinner with friends will help.	1	2	3	4	5
11. I'll be upset for a long time. Do you . . .	1	2	3	4	5
12. I won't be able to put it out of my mind.	1	2	3	4	5
13. I can feel better by doing something creative.	1	2	3	4	5
14. Thinking that things will eventually be better won't help me feel any better.	1	2	3	4	5
15. I can find some humor in the situation and feel better.	1	2	3	4	5

| | : | | am / pm

DATE INTERVIEW COMPLETED:   -   -      
MO DAY YEAR

INTERVIEWER ID #: 

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INTERVIEW CONDUCTED: BY TELEPHONE .....1  
IN PERSON .....2

## UPDATE LOCATING INFORMATION FORM

NOTES:

This image shows a blank sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the paper.